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CONFIRMATION NO. 2391

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/693,731 | FILING DATE<br>10/24/2003<br><br>RULE | CLASS<br>264 | GROUP ART UNIT<br>1732 | ATTORNEY DOCKET NO.<br>034497-025 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

Carlino Panzera, Hillsborough, NJ; *MSD*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/905,806 07/13/2001 PAT 6,689,202  
which claims benefit of 60/219,893 07/21/2000

*MSD*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None**MSD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/23/2004

\*\* SMALL ENTITY \*\*

|                                                                                                                                                                                                                                                                                                                                         |                           |                        |                       |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>32 | INDEPENDENT<br>CLAIMS<br>3 |
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## ADDRESS

21839  
BUCHANAN INGERSOLL PC  
(INCLUDING BURNS, DOANE, SWECKER & MATHIS)  
POST OFFICE BOX 1404  
ALEXANDRIA, VA  
22313-1404

## TITLE

Method of making a dental restoration

|                                    |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE<br><br>RECEIVED<br>1008 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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